



**STATEMENT OF ORGANIZATION
INDEPENDENT AND POLITICAL COMMITTEES**

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FILED
00 NOV -6 AM 8:11

1. Committee Identification No. 00136911 50

2. Type of Filing
☐ 2a. Original
☒ 2b. Amendment to Item(s) # 4a
2c. Date Change(s) Took Place
Month 10 Day 31 Year 2000

3. Full Name Of Committee (Must Include Sponsor or Affiliate)
CITIZENS Association of Ray Township (CART)
TOWNSHIP OF RAY, MICHIGAN

3a. Acronym or Abbreviation (If any) C.A.R.T

3b. Name of Sponsor or Affiliate: CITIZEN Association of Ray Twp.

3c. Are you a Separate Segregated Fund (SSF)? ☐ YES ☒ NO

3d. The sponsor is a (check one box): ☐ Corporation ☐ Labor Organization ☐ Domestic Dependent Sovereign

4. Committee Mailing Address (May be P.O. Box): P.O. Box 1 Romeo Mi 48065

4a. Committee Street Address (May not be P.O. Box) 21410 31 mile RAY Mi 48096

5. Date Committee Was Formed (In Michigan) Mo 6 Day 8 Year 2000 6. Committee Area Code and Phone Number (810) 995-8491

7. Name and Mailing Address of Committee Treasurer
Last Name Godbey First Name Cheryl M. I. D Street Address or P.O. Box Po Box 1 City Romeo State Mi Zip Code 48065
Area Code and Phone (810) 995-8491 Driver License # (Optional)

8. Type of Committee (Please check one box) ☒ Political Committee ☐ Independent Committee

9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will personally handle these responsibilities, leave this item blank.
Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____
Area Code and Phone () - - Driver License # (Optional)

10. ☐ **REPORTING WAIVER** The committee does NOT expect to receive or expend in excess of \$1,000.00 in a calendar year. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures, loans and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one calendar year count toward the "amount received" for the next calendar year. If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement can not be waived.

11. Names and Addresses of depositories or intended depositories of committee funds.
11a. Official Depository:
Name D+N Bank Street Address 141 South Main City Romeo State Mi Zip Code 48065
11b. Secondary Depository:
Name _____ Street Address _____ City _____ State _____ Zip Code _____

12. Complete if committee is being registered to support or oppose specific candidates.
Candidate Name _____ Office Sought _____ County of Residence _____ Party (if any) _____

13. Complete if committee is being registered to support or oppose specific ballot proposals. ☐ Support ☐ Oppose
Ballot Proposal: SEE Attachment
If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside.
☐ Statewide ☐ Multi-County ☐ County ☐ Local

14. Verification: I certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my knowledge or belief.
Current Treasurer Cheryl Godbey Signature Cheryl D Godbey Date 10-31-2000
Type or Print Name _____ Signature _____ Mo. _____ Day _____ Year _____



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FOR OFFICIAL USE ONLY

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Seq #2000300002

RECEIVED
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 DEPARTMENT OF STATE



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